

510(k) SUMMARY

This 510(k) summary is being submitted in accordance with the requirements of SMDA and 21CFR § 807.92

Submitted by:

Nordiska Dental AB

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USA

Managing Director: Richard Kirschner

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Date Prepared:

September 1, 2000

Device Name:

Proprietary Name:

ANA 2000 Non Gamma 2 Extra High Copper Dental

Alloy

Common Name:

Dental Amalgam

Classification:

Class II; EJJ; Alloy, Amalgam

Identification of Predicate Devices

- L. D. Caulk Co., Valiant, 510(k) number K801690.
- Coltene, Inc., Coltene Oralloy Magicaps, 510(k) number K840297.

Device Description:

ANA 2000 Non Gamma 2 Extra High Copper Dental Alloy is a homogeneous amalgam composed of lath-cut particles, with each particle containing the exact same amount of silver, copper and tin. The high copper content gives an extreme strength

which in combination with the excellent handling properties, contributes to very few marginal breakdowns. The well balanced expansion reduces the necessity of undercuts and optimizes the marginal adaptation. The absolutely homogeneous alloy gives perfect mixes every time in mechanical amalgamators such as Dentomat. The single composition means no stratifying takes place.

Indication for Use:

ANA 2000 Non Gamma 2 Extra High Copper Dental Alloy is a dental alloy designed for stress-bearing Class I and Class 2 restorations.

Technological Characteristics

ANA 2000 Non Gamma 2 Extra High Copper Dental Alloy, a homogeneous amalgam composed of lathe-cut particles, with each particle containing the exact same amount of silver, copper and tin, with a high copper content, has been tested to show comparison with the predicate devices. In summary, no new technology, materials, or change in efficacy have been introduced in the manufacture of ANA 2000 Non Gamma 2 Extra High Copper Dental Alloy.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

OCT 31 2000

Nordiska Dental AB C/O Mr. Richard Kirschner Managing Director Nordic Dental, Incorporated P.O. Box 435 Lynwood, Washington 98046

Re: K002808

Trade Name: ANA 2000 Non Gamma 2 Extra High Copper

Dental Alloy

Regulatory Class: II Product Code: EJJ

Dated: September 1, 2000 Received: September 8, 2000

Dear Mr. Kirschner:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note:

this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address

"http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely

Timothy A. Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Include the following "Indications For Use" page that contains the applicant's name, name of the device and the intended use of the device. The information, data and labeling claims in the entire the 510(k) submission must support and agree with the "indications for use" statement.

*For a new submission, do NOT fill in the 510(k) number blank.

INDICATIONS FOR USE

Applicant: Nordiska Dental	AB		
510(k) Number (if known): 1	** (K002804) — — — — — — — — — — — — — — — — — — —	
Device Name: ANA 2000 No	on Gamma 2 Extra	High Copper Dental Alloy	
Indications For Use:			
ANA 2000 Non Gamma 2 I stress-bearing Class I and Cla	Extra High Copper lass 2 restorations.	Dental Alloy is a dental alloy design	ned for
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(PLEASE DO NOT WRI	TE BELOW THIS L NEED	INE-CONTINUE ON ANOTHER ED)	PAGE IF
Concurren	nce of CDRH Office	of Device Evaluation (ODE)	
Prescription Use Per 21 CFR 801.109	OR	Over-the-Counter	
(Division Sig	200 Ruros		

Division of Dental, Infection Control,

and General Hospital Devices

510(k) Number _